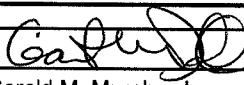


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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee Transmittal</b> <b>For FY 2009</b>		Application Number	10/567,900-Conf. #2123
		Filing Date	February 10, 2006
		First Named Inventor	Hidetaka KOJIMA
		Examiner Name	S. A. Witherspoon
		Art Unit	1621
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 180.00)	
		Attorney Docket No. 3273-0219PUS1	

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) _____ 52 26							
Each independent claim over 3 (including Reissues) _____ 220 110							
Multiple dependent claims _____ 390 195							
<b>Total Claims</b> _____ - 20 or HP _____ <b>Extra Claims</b> _____ <b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____				<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____			
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b> _____ - 3 or HP = _____ <b>Extra Claims</b> _____ <b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____				<b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b> _____ - 100 = _____		<b>Extra Sheets</b> _____ /50 = _____		<b>Number of each additional 50 or fraction thereof</b> _____		<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____
						= _____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00							

<b>SUBMITTED BY</b>					
Signature	 Gerald M. Murphy, Jr.		Registration No. (Attorney/Agent)	28,977	Telephone (703) 205-8000
Name (Print/Type)	Gerald M. Murphy, Jr.		Date 12/24/09		